



CITY OF TEMPE  
COMMUNITY SERVICES DEPARTMENT

ROWING PROGRAM QUESTIONNAIRE

Please take a few minutes to answer the following questions. Your feedback will help plan better programs for the future. Please evaluate both instructors, by placing a **D for Dan** and a **B for Bob** in the appropriate column. Return the completed questionnaire to the Parks & Recreation Office, or use the enclosed postage paid envelope.

Your cooperation and participation is appreciated. Thank you!

Class: Beginner 1 Rowing Day: \_\_\_\_\_ Time: \_\_\_\_\_

	YES	NO	UNSURE
1. Are you satisfied with the course content?			
2. Does the course content meet with your expectations and the brochure description?			
3. Which of the following applies to the instructor?			
Creates a positive environment for participation and development.			
Presents the material in an interesting, enthusiastic fashion.			
Is easy to understand and provides effective instruction.			
Maintains approachability and encourages questions.			
Displays a positive attitude towards the course and participants.			
Responds to concerns, questions in an effective, positive manner.			
Utilizes class time efficiently; begins and ends class as scheduled.			
Provides prepared instruction with an organized presentation.			
Encourages class involvement with the direction of the course.			
4. What initially attracted your interest to this class? _____			
5. What do you enjoy most about the class? _____			
6. Were you satisfied with the time, day, and length of class? Please Comment: _____			
7. Please comment on the quality and convenience of the facility used for your class. _____			

-OVER-

8. If you did not attend all class sessions, please circle reason(s) why:

A. Schedule conflicts      B. Vacation      C. Did not enjoy class      D. Other: \_\_\_\_\_

\_\_\_\_\_

9. How did you find out about this class? Please circle all that apply.

A. Community Services Opportunities Brochure

E. Friend/Neighbor

B. Newspaper

F. City Staff

C. Website

G. Other (Please List Source)

D. Radio

\_\_\_\_\_

10. Check the method you used to register for this class.

Mail-in Registration \_\_\_\_\_ Drop-off Registration \_\_\_\_\_ Online Registration \_\_\_\_\_ Late Registration \_\_\_\_\_

11. How would you prefer to register? \_\_\_\_\_

12. Please list any comments or suggestions. \_\_\_\_\_

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